

## M/WBE LIST REQUEST FORM

To request a list of specific M/WBE certified vendors from our online directory please complete the fields listed below and forward to [buyer@sbs.nyc.gov](mailto:buyer@sbs.nyc.gov).

**All fields that are marked by (\*) must be filled out.**

(\* Required)

* Request Date:	* First Name:	* Last Name:	* Agency Name:
* Agency Address:	* Telephone:	* Email Address:	* Project Name:
* Provide reason for request <i>(i.e.: set goals, outreach to find M/WBEs, etc.)</i>			
* Is this request for a contract that is subject to M/WBE goals?	Yes	No	
* Is this a Prime or Sub-contract?			
* Is this a Public or Private Job:	Anticipated Contract Start and End Date:	* Projected Contract Amount or Range:	* Delivery location of Goods/Services or Vendor Location:
* Description of Product or Services needed (or attach scope of services):			
NIGP or Commodity/Service Code (s):		Minimum Vendor Requirements (i.e. bonding, insurance, union labor):	



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## CATEGORIES

### Goods

Minimum Quantity of Goods Required:	Model Number and/or Serial Number (if applicable):	Is Manufacturer Authorized Dealer Required?	
		Yes	No

### Services

Are Certifications and Licenses Required? If YES, Please Specify:	Is Certification from the international Organization for Standardization (ISO) Required? (YES/NO)	Are Facilities (i.e. warehouse, storage) Required? :
Yes	Yes	Yes
No	No	No

### Construction

Specialty Areas/Trade (s):	What is the Value (or Range) of Sub-Contracting for each Trade/Service Requested?